PTO/SB/21 (11-08)
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(				Application Number	10/799.	10/799,461							
TRANSMITTAL				Filing Date	03/12/2	2004							
FORM				First Named Inventor	BRIAN	I G. GOODMAN, et al.							
				Art Unit	2629	2629							
(to be used for	r all corres,	oondence after initial	filing)	Examiner Name	P. KAR	P. KARIMI							
Total Number of	of Pages in	This Submission	11	Attorney Docket Numb	er TUC92	20040001US1							
ENCLOSURES (Check all that apply)													
Amendm  A A  Extension  Express  Information  Certified Documer  Reply to Incompte	After Final Affidavits/declaration(s).  Extension of Time Request Express Abandonment Request Information Disclosure Statement			Drawing(s)  Licensing-related Papers  Petition  Petition to Convert to a Provisional Application Power of Attorney, Revoc Change of Correspondent Terminal Disclaimer  Request for Refund  CD, Number of CD(s)  Landscape Table on rks	ce Address	After Allowance Communication to TC  Appeal Communication to Board of Appeals and Interferences  Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter  Other Enclosure(s) (please Identify below):							
UI	nder 37 C	FR 1.52 or 1.53			•	•							
		SIGNA	TURE C	F APPLICANT, ATT	ORNEY,	, OR AGENT							
Firm Name	INTERN	IATIONAL BUSINI	ESS MAC	HINES CORPORATION									
Signature fold of of the Conte													
Printed name	н иног	I. HOLCOMBE											
Date	Dec. 18,		200	8	Reg. No.	20,620							
CERTIFICATE OF TRANSMISSION/MAILING  I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with													
sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:													
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Typed or printed name		and the state of t				Date							

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Under the Paper	Filective on 12	ersons are requi	spond to a collection of information unless it displays a valid OMB control number  Complete if Known										
Fees pursuant to I	4818).												
FEE	1	Application Number 10/799,4											
'	For FY		\ <b>****</b>	Filing Date		03/12/20							
				i. Goodman, et al.									
Applicant cl	aims small entity s	37 CFR 1.27		Examiner Name	e	P. Karimi							
		Art Unit		2629									
TOTAL AMOUN	T OF PAYMENT	(\$)	-0-	Allorney Docke	t No.	TUC920	040001L	JS1					
METHOD OF PAYMENT (check all that apply)													
Check Credit Card Money Order None Other (please identify):													
Deposit Account Deposit Account Number: 09-0449  Deposit Account Name: IBM CORPORATION													
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)													
Charge fee(s) indicated below Charge fee(s) indicated below. except for the filing fee													
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under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card													
FEE CALCUL	thorization on PTO- ATION	2038.											
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Application 1	Type Fee	Small		Fee (\$)	Small Entity Fee (\$)	Fee		Entity (\$)	Fees Paid (\$)				
Utility	330			540	270	220	,						
Design	220			100	50	140		0					
Plant	220			330	165	1.70	. ,	15					
Reissue	330	• •	-	540	270	656							
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Provisional 220 110 0 0 0 0 2. EXCESS CLAIM FEES							,	U	Small Entity				
Fee Description	<u>on</u>						Ē	ee (\$)	Fee (\$)				
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	ndent claim ove	r 3 (inclu	ding Reissue	es)				220 390	110 195				
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Total Claims	0 or HP = -0	Extra Claims			ee Paid (\$)			Multiple Dependent Claims Fee (\$) Fee Paid (\$)					
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3 APPLICATION	ON SIZE FEE												
If the specific	ation and drawin	igs excee	d 100 sheets	of pap	er (excluding o	electroi	ncally file	ed seque	ence or computer				
listings un	der 37 CFK 1.3.	2(e)), the	application s	SIZE ICE	and 37 CER 1	\$133 10 16(e)	r Sman Ci	mry) ioi	r each additional 50				
Total Shee	is Extra	Sheets	Number	of eacl	h additional 50	or fracti	on thereof	<u>Fee</u>	(\$) Fee Paid (\$)				
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets													
4. OTHER FEE(S)  Non-English Specification. \$130 fee (no small entity discount)  Fees Paid (5)													
Other (e.g., late filing surcharge):													
SUBMITTED BY	11	//	combi	1 5	Registration No.			Telenho	one 520-760-6629				
Signature	Attorney/Agent)	20,620		ļ									
Name (Print/Type) JOHN H. HOLCOMBE Date Dec 18, 200									tec 18,2000				

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